

EMPLOYER'S QUARTERLY WAGE & TAX REPORT

This form is semi-interactive. It can be filled out on line but must be mailed or faxed to this agency.

1. EMPLOYER NAME, DBA & ADDRESS			MAIL OR FAX TO: LOUISIANA DEPARTMENT OF LABOR OFFICE OF REGULATORY SERVICES P O BOX 94050 BATON ROUGE LA. 70804-9050 FAX NO: 225-342-5822		
2. Due Date	3 State ID. No.	4. Rate %	5. Federal ID. Number	6. Year/Quarter	# of Continuation Sheet(s) []
7. EMPLOYEE SOC. SEC. NUMBER		8. EMPLOYEE TOTAL WAGES (no cents)		9. EMPLOYEE NAME (first initial, last name)	
10. WAGE TOTAL THIS PAGE		11. TOTAL WAGES INCLUDING CONTINUATION SHEET(S) TOTALS			

IMPORTANT: RULE 309 requires employers who report 250 or more employees quarterly to report by magnetic media.

rev. 4//06 LDOL ES-4b/webc

CUT HERE TO SEPARATE THE QUARTERLY REPORT AND WAGE REPORT PRIOR TO MAILING.

1. DUE DATE	2. STATE ID NO.	3. Rate	4. FEDERAL ID Number	5. YEAR/QTR	
6. Number of covered workers who worked or received pay for the payroll period which includes the 12th of each month If none, enter zero.			8. TOTAL WAGES THIS QUARTER		
1ST MONTH	2ND MONTH	3RD MONTH	9. LESS: WAGES IN EXCESS THIS QUARTER		
			10. TAXABLE WAGES THIS QUARTER		
7. EMPLOYER NAME, DBA & ADDRESS			11. CONTRIBUTIONS (TAX DUE) (Do Not Round)		
			12. SUBTRACT TAX OVERPAYMENT AMOUNT OR ADD PRIOR QUARTER DELINQUENCY		
I CERTIFY THAT THE INFORMATION ON THIS REPORT IS TRUE AND CORRECT.			13. TOTAL AMOUNT OF REMITTANCE (including interest and penalty, if applicable)		(NO CASH OR CHANGE)
Signature			DATE:		
Title			Phone		rev. 1/05 LDOL ES-4c/web